

REMARKS

Claims 1-8 are all the claims pending in the application. Applicants thank the Examiner for indicating that claims 3-8 stand allowed. Claims 1 and 2 presently stand rejected.

The Examiner has not indicated approval of the drawings filed May 16, 2005. Applicants respectfully request such approval from the Examiner in the next Office paper.

Claims 1 and 2 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Weisner et al. (5,262,944) in view of newly cited Schoenberg et al. (USP 6,322,502).

Analysis

Schoenberg is directed to a medical information system for storing and displaying patient information, so that information from various sources is available to more than one user. The information originates from a variety of sources, including monitors connected to the patient (col. 1, line 40), and this information is updated in real time (col. 3, line 4). Each patient has a BSU (bedside unit), and each BSU is connected to a central database (see Figures).

Schoenberg stores and displays each patient's information in a central database (col. 5, line 35), and Schoenberg appears to contemplate storing each patient's data in the patient's BSU (col. 6, lines 1-3). In particular, Schoenberg states "all data in the system can be saved locally in each BSU in the network."

In the prior art rejection, Weisner is cited as containing each of the features recited in claims 1 and 2, except for the bedside monitor being connected to a central monitor. Schoenberg is relied upon for the central monitor feature.

However, the combination of these references fails to teach or suggest that each of the plurality of patients' information can be viewed on each of the bedside monitors. In other words,

with the present invention, the bedside monitor disposed at a bedside of patient A can also display the vital signs of patient B, patient C, etc. Likewise, the bedside monitor disposed at patient B can also display the vital signs of patient A, patient C, etc. Thus, any of the patients' vitals may be displayed at any of the patients' bedsides. This feature is particularly useful in hospitals because one nurse may be assigned to a handful of patients and with the present invention, the nurse is able to monitor every patient's vitals and be aware of their alarm status, even if the nurse is located in a particular patient's room which is away from the central monitor.

None of the cited references, taken alone or in combination, teaches or suggests this capability. Although Schoenberg mentions that all data can be saved locally in each BSU, "all data" refers to the complete data set of the particular patient assigned to the particular BSU. There is simply no suggestion that "all data" refers to other patients' data, and that there is any manner for simultaneously displaying a plurality of patients' data on a particular BSU.

In view of the foregoing, Applicants amend claims 1 and 2 to clarify these aspects of the present invention, wherein "at least one other of the plurality of patients' " vitals are displayed on the bedside monitor of one of the plurality of patients (i.e., patient B's vitals are displayed on patient A's monitor). Also, the claims now clarify that the bedside monitor is not a central monitor (the Examiner interprets the central station of Weisner as the bedside monitor (see March 31 Office Action)), by clarifying that it is directly connected to the vital sign measurement devices. The originally filed application supports this amendment. (See Abstract and Related Art, for example). Moreover, those of ordinary skill in the art understand that a bedside monitor is directly connected to vital sign measurement devices.

AMENDMENT UNDER 37 C.F.R. § 1.111
U.S. Appln. No. 10/090,165

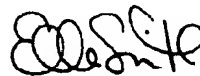
Applicants believe these amendments further clarify the novelty of the present invention. This amendment further distinguishes from Weisner, in which the Examiner uses the central station as the bedside monitor, and also distinguishes from Schoenberg, in which only the central station is capable of displaying multiple patient information. None of the cited references contemplates the arrangement of the present invention, nor addresses the problem solved by the present invention. Thus, amended claims 1 and 2 are patentable.

Conclusion

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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23373

CUSTOMER NUMBER

Date: December 12, 2005

Attorney Docket No.: Q68836